

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black
lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning **OCT 01, 2004**, and ending **SEP 30, 2005**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization, number and street, city, town, street, and ZIP code:
 The National Cancer Coalition, Inc.
 757 St Charles Ave Suite 202
 New Orleans LA 70130-3747

D Employer identification number
 76-0435022

E Telephone number
 504-301-1462

F Acctg. method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Website: ▶ Nationalcancercoalition.org

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ☐ Yes ☒ No
H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 93,684,234.

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	93,570,156.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 5,088,196. noncash \$ 88,481,960.)	1d	93,570,156.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	1,252.	
5 Dividends and interest from securities	5		
6 a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other
b Less cost or other basis & sales expenses		8b	
c Gain or (loss) (attach schedule)		8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	112,826.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	93,684,234.	
13 Program services (from line 14, column (B))	13	89,084,680.	
14 Management and general (from line 14, column (C))	14	888,438.	
15 Fundraising (from line 14, column (D))	15	3,359,492.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 14, column (A))	17	93,332,610.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	351,624.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,000,264.	
20 Other changes in net assets or fund balances (attach explanation)	20	17,814.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,369,702.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 68926, noncash \$8069142.)	22 88138068.	88138068.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 310935.	107243.	141504.	62188.
26 Other salaries and wages	26 56346.	5635.	45077.	5634.
27 Pension plan contributions	27			
28 Other employee benefits	28 36764.		36764.	
29 Payroll taxes	29 22416.		22416.	
30 Professional fundraising fees	30 1080835.		56886.	1023949.
31 Accounting fees	31 7322.		7322.	
32 Legal fees	32 11255.		11255.	
33 Supplies	33 47934.	42129.	5805.	
34 Telephone	34 54232.	38595.	15637.	
35 Postage and shipping	35 1368472.	260290.	6016.	1102166.
36 Occupancy	36 52839.	17717.	29216.	5906.
37 Equipment rental and maintenance	37 9856.		9856.	
38 Printing and publications	38 516033.	61513.	146955.	307565.
39 Travel	39 117638.	47887.	69751.	
40 Conferences, conventions, and meetings	40 7460.		7460.	
41 Interest	41 15959.		15959.	
42 Depreciation, depletion, etc (attach schedule)	42 5045.		5045.	
43 Other expenses not covered above (itemize) a SEE STMT	43a 1473201.	365603.	255514.	852084.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 93332610.	89084680.	888438.	3359492.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 4053678, (ii) the amount allocated to Program services \$ 480922, (iii) the amount allocated to Management and general \$ 316992, and (iv) the amount allocated to Fundraising \$ 3255764.

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? ☒ See Attachment

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a NCC Cares	(Grants and allocations \$ 88105568.)	88450478.
b NCC Provides	(Grants and allocations \$ 1000.)	89392.
c Angel Grants	(Grants and allocations \$ 30000.)	63888.
d NCC Educate & Prevent	(Grants and allocations \$ 1500.)	480922.
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		89084680.

Form 990 (2004)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	128,354.	45	261,930.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	109,048.		
	b Less allowance for doubtful accounts		47c	109,048.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	928,616.	52	1,284,137.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)	453,727.	56	471,541.	
57 a Land, buildings, and equipment basis	66,683.			
b Less accumulated depreciation (attach schedule)	41,679.	57c	25,004.	
58 Other assets (describe <input type="checkbox"/> Logo)	17,065.	57c	25,004.	
	3,987.	58	3,680.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,579,739.	59	2,155,340.	
Liabilities	60 Accounts payable and accrued expenses	522,975.	60	544,829.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	56,500.	64b	170,000.
	65 Other liabilities (describe <input type="checkbox"/> Trade note payable)		65	70,809.
66 Total liabilities (add lines 60 through 65)	579,475.	66	785,638.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,000,264.	67	1,369,702.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,000,264.	73	1,369,702.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,579,739.	74	2,155,340.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	93702048.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments .. \$ 17814.		
(2)	Donated services & use of facilities \$		
(3)	Recoveries of prior year grants... \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ...	b	17814.
c	Line a minus line b ...	c	93684234.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ...	e	93684234.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	93332610.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services & use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ...	b	
c	Line a minus line b ...	c	93332610.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ...	e	93332610.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Robert B Landry III New Orleans Hall Overall	Pres CEO 40	225,280.		
Baton Rouge LA	CFO 40	85,655.		
Blane Borders, MD Monroe LA	Chairman 5	0		
Felix Long New Roads LA	Treasurer 5	0		
Angelle Stringer Phd Baton Rouge LA	Secretary 5	0		
Jessie Janes Phd Kennisaw GA	Director 5	0		
Steve Kantro, MD New Orleans LA	Director 5	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ... ☐ Yes ☒ No
If "Yes," attach schedule - see the instructions

Part VI Other Information (See the instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ...	80 a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81 a	
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? ...	82 a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) ...	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85 b	
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90 a List the states with which a copy of this return is filed <input type="checkbox"/>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90 b	3
91 The books are in care of <input type="checkbox"/> N.C.C. Telephone no <input type="checkbox"/> 504-301-1461 Located at <input type="checkbox"/> 757 St Charles Ave Suite 202 NO LA ZIP + 4 <input type="checkbox"/> 70130-3783		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					1,252.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b List Royalties					112,826.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					114,078.
105 Total (add line 104, columns (B), (D), and (E))					114,078.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	Provide return on unused assets

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization, during the yr, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>[Signature]</i>	Date 2-14-2006
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address and ZIP + 4 Cecil J. Cavanaugh, MBA CPA APAC 4521 Jamestead Ave Suite 7 Baton Rouge LA 70808	Preparer's SSN or PTIN (See Gen Inst W) EIN 72-1327811 Phone no 225-924-3741

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
Denise Dupree Metairie LA	Office Mgr			
	40	56,346.		
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Creative Direct Response 1670 Village Green Crofton MD 21114	Consulting	364,354.
National Fundraising List 1670 Village Green Crofton MD 21114	List Rental Services	200,718.
Xentel, Inc 101 NE 3rd Ave, 203 Ft Lauderdale FL 33301	Consulting	754,738.
Newport Creative Services 33 Railroad Avenue Duxbury MA 02332	Direct Mail Services	694,902.
Southwest Publishing 2600 W Topeka Blvd Topeka KS	Mail House	605,202.
Total number of others receiving over \$50,000 for professional services		4

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	25517587	9976331	5105264	5472342	46071524
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	125550	366495	344607	359029	1195681
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	25643137	10342826	5449871	5831371	47267205
24 Line 23 minus line 17	25643137	10342826	5449871	5831371	47267205
25 Enter 1% of line 23	256431	103428	54499	58314	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	945344
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	26830262
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	47267205
d Add: Amounts from column (e) for lines 18 <u>1195681</u> 19 <u>26830262</u> 22 <u>26830262</u>	26d	28025943
e Public support (line 26c minus line 26d total)	26e	19241262
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	40.71 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year:

(2003) 17682459 (2002) 5651145 (2001) 3496658 (2000) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ <u>27f</u>	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

[illegible]

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension** complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The National Cancer Coalition, Inc.	Employer identification number 76-0435022
	Number, street, and room or suite no. If a P.O. box, see instructions 757 St Charles Ave Suite 202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions New Orleans LA 70130-3747	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ N.C.C.
Telephone No ▶ 504-301-1461 FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for a **Form 990-T corporation**) extension of time until MAY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20____ or

▶ ☒ tax year beginning OCT 01, 2004 and ending SEP 30, 2005

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2004)

Detail Sheet

2004

Name: The National Cancer Coalition, Inc.

ID: 76-0435022

Description: Difference in Page 1 and Page 3

[illegible]

Grants and Allocations**US 990****990: Page 2, Line 22; 990-EZ: Page 1, Line 10****2004**

Class of Activity	Donee's Name and Address	Relationship	Amount
Educate and Preve	LRCE, Baton Rouge, LA	None	1,500.
NCC Cares	Krebs Allianz, Berlin Germa	None	36,426.
Angel Grants	Tulane University New Orlean	None	30,000.
NCC Provides	Mary Perkins Cancer BR, LA	None	1,000.
NCC Cares	See Attached List	None	88,069,142.
			88,138,068.

National Cancer Coalition, Inc 76 - 0435022
 Supplement to supplement to page 2, line 22, Grants
 FYE September 30, 2005

<u>Class</u>	<u>Cash</u>	<u>Country</u>	<u>Recipient Hospital / Organization</u>	<u>Relationship</u>	<u>Project Value</u>
Relief	N	Panama	Hospital Oncologico Nacional, Hospital Materno Infantil Jose	None	\$ 363,616
Relief	N	Haiti	Archachon Hospital	None	56,500
Relief	N	Mexico	Casa de la Amistad	None	508,500
Relief	N	Paraguay	Paraguayan Public Hospitals	None	462,000
Relief	N	Honduras	Hospital Escuela	None	245,201
Relief	N	Guatemala	Guatemala Public Hospitals	None	1,953,689
Relief	N	Jamaica	Kingston Public Hospital, Spanishtown Hospital	None	1,672,215
Relief	N	Ecuador	SOLCA Hospitals	None	1,131,000
Relief	N	Nicaragua	Berta Calderon Hospital	None	1,773,767
Relief	N	Dominican Rep	Instituto de Oncología	None	995,308
Relief	N	Peru	Instituto de Enfermadades Neoplastica	None	688,116
Relief	N	Nicaragua	Roberto Calderon Hospital, Berta Calderon Hospital	None	518,160
Relief	N	Dominican Rep	Instituto de Oncología	None	127,467
Relief	N	Haiti	Albert Schweitzer Hospital	None	113,100
Relief	N	Haiti	Archachon Hospital	None	113,100
Relief	N	Haiti	St Francis De La Salle Hospital	None	144,768
Relief	N	India	AIMS Hospital	None	22,620
Relief	N	Indonesia	Yayasan Kasih Peduli Masyarakat	None	632,455
Relief	N	Guatemala	Order of Malta	None	67,860
Relief	N	Guatemala	Vida	None	67,860
Relief	N	Paraguay	Hospital de Clinicas	None	1,526,234
Relief	N	Georgia	National Oncological Hospital	None	272,280
Relief	N	Kyrgyz Rep	National Oncology Center	None	21,016
Relief	N	Ecuador	SOLCA Hospital	None	157,623
Relief	N	Honduras	Hospital Escuela	None	52,541
Relief	N	Bolivia	National Oncological Hospital	None	105,082
Relief	N	Guatemala	Unidad Nacional de Oncologia Pediatrica	None	149,216
Relief	N	Ghana	Korle-Bu Hospital; Komfo Anokye Hospital	None	236,435
Relief	N	Tajikistan	National Oncologic Hospital	None	39,406
Relief	N	Moldova	National Cancer Hospital	None	170,758
Relief	N	Mexico	Casa de Amistad	None	105,082
Relief	N	Nepal	Health Ministry of Nepal	None	1,051
Relief	N	Uganda	Uganda Cancer Institute	None	236,435
Relief	N	Burundi	Burundi Cancer Hospital	None	160,775
Relief	N	Georgia	National Oncological Hospital	None	80,388
Relief	N	Armenia	National Oncology Center of Armenia	None	160,775
Relief	N	Nepal	Health Ministry of Nepal	None	1,051
Relief	N	Dom Rep	Instituto Oncologico Regional del Cibao, Instituto de Oncologi	None	53,066
Relief	N	Nepal	Bharatpur Hospital	None	160,775
Relief	N	Bolivia	Instituto Oncologia Santa Cruz	None	92,660
Relief	N	Kyrgyz Rep	National Oncology Center	None	33,900
Relief	N	Uzbekistan	Institute of Oncology and Radiology	None	226,000
Relief	N	Nicaragua	Roberto Calderon Hospital, Berta Calderon Hospital	None	1,858,970
Relief	N	Dominican Rep	D.R. Public Hospitals	None	950,524
Relief	N	Honduras	Honduran Public Hospitals	None	984,021
Relief	N	El Salvador	FUSAL	None	984,021
Relief	N	Guatemala	Guatemala Public Hospitals	None	984,021
Relief	N	Guatemala	Guatemala Public Hospitals	None	984,021
Relief	N	Guatemala	Guatemala Public Hospitals	None	984,021
Relief	N	Haiti	Archachon Hospital	None	978,291
Relief	N	Haiti	Haitian Public Hospitals	None	864,640
Relief	N	Haiti	Haitian Public Hospitals	None	870,063
Relief	N	Haiti	Haitian Public Hospitals	None	984,021
Relief	N	India	AIMS Hospital	None	5,650
Relief	N	Indonesia	Yayasan Kasih Peduli Masyarakat	None	100,440
Relief	N	Guatemala	Cantas Health Clinics	None	49,150
Relief	N	Guatemala	Knights of Malta	None	46,200
Relief	N	Guatemala	Vida	None	46,200
Relief	N	Georgia	National Oncological Hospital	None	372,000
Relief	N	Nicaragua	Roberto Calderon Hospital; Hospital Infantil	None	711,980
Relief	N	Dom Republic	Instituto de Oncología	None	156,341

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 FYE September 30, 2005

<u>Class</u>	<u>Cash</u>	<u>Country</u>	<u>Recipt Hospital / Organization</u>	<u>Relationship</u>	<u>Project Value</u>
Relief	N	Dom Republic	D R Public Hospitals	None	763,448
Relief	N	Nicaragua	Berta Calderon Hosprtal	None	666,749
Relief	N	Dom Republic	D R Public Hospitals	None	591,032
Relief	N	Nicaragua	Roberto Calderon Hosprtal	None	2,712,922
Relief	N	El Salvador	FUSAL	None	1,275,641
Relief	N	Dominican Rep	Instituto de Oncología	None	1,469,139
Relief	N	India	AIMS Hospitals	None	290,152
Relief	N	Nevis	Alexandra Hospital	None	26,448
Relief	N	Indonesia	Yayasan Kasih Peduli Masyarakat	None	3,279,608
Relief	N	Guatemala	Guatemala Public Hospitals	None	998,142
Relief	N	Guatemala	Guatemala Public Hospitals	None	935,894
Relief	N	Guatemala	Guatemala Public Hospitals	None	935,894
Relief	N	Venezuela	Venezuelan Public Clinics	None	136,528
Relief	N	El Salvador	FUSAL	None	761,161
Relief	N	Armenia	National Oncology Center, Yerevan	None	334,000
Relief	N	Ecuador	SOLCA Hospitals	None	1,091,939
Relief	N	Hait	Archachon Hospital	None	276,274
Relief	N	Nicaragua	Roberto Calderon Hospital	None	242,836
Relief	N	Nicaragua	Roberto Calderon Hospital	None	248,302
Relief	N	Haiti	Ministry of Health	None	256,002
Relief	N	Haiti	Ministry of Health	None	256,107
Relief	N	Dom Republic	Batey Relief Alliance	None	256,107
Relief	N	Dom. Republic	Foundarton for Health Prevention	None	256,107
Relief	N	Dom Republic	Foundation Manuel Gimeiez	None	256,107
Relief	N	Hait	Archachon Hospital	None	160,609
Relief	N	Nicaragua-ANF	Roberto Calderon Hospital	None	113,580
Relief	N	Nicaragua-ANF	Roberto Calderon Hospital	None	113,580
Relief	N	Hait	Ministry of Health	None	94,068
Relief	N	Hait	Ministry of Health	None	94,068
Relief	N	Dom Republic	Santiago Hosprtal	None	94,068
Relief	N	Dom. Republic	Santo de Santo Domingo	None	94,068
Relief	N	Dom. Republic	D.R. Public Hospitals	None	94,068
Relief	N	Venezuela	Marganta Public Hospital	None	7,317
Relief	N	Haiti	Archachon Hospital	None	184,219
Relief	N	Nicaragua	Bertha Calderon Hospital	None	209,340
Relief	N	Nicaragua	Roberton Calderon Hospital	None	209,340
Relief	N	Haiti	Hatian Public Hosprtals	None	209,340
Relief	N	Haiti	Hatian Public Hosprtals	None	209,340
Relief	N	Dom. Republic	D.R. Public Hospitals	None	209,340
Relief	N	Dom Republic	D.R. Public Hospitals	None	209,340
Relief	N	Dom. Republic	D.R. Public Hospitals	None	209,340
Relief	N	Guatemala	Guatemala Public Hospitals	None	1,302,787
Relief	N	Haiti	Hatian Public Hosprtals	None	974,813
Relief	N	Dom Republic	D R Public Hospitals	None	728,832
Relief	N	Dom. Republic	D R Public Hosprtals	None	804,752
Relief	N	Venezuela	Venezuelan Public Clinics	None	135,761
Relief	N	Nicaragua	Berta Calderon Hospital	None	1,765,062
Relief	N	Azerbaijan	Azen National Oncology Center	None	347,000
Relief	N	Venezuela	Venezuelan Public Clinics	None	202,696
Relief	N	Honduras	Honduras Public Hosprtals	None	220,545
Relief	N	Dominican Rep	D R Public Hosprtals	None	241,830
Relief	N	Ecuador	SOLCA Hospital	None	2,947,893
Relief	N	Dom Republic	Instituto de Oncología	None	2,821,731
Relief	N	Uruguay	Instituto Nacional de Oncología	None	1,739,947
Relief	N	El Salvador	FUSAL	None	385,606
Relief	N	Nicaragua	Berta Calderon Hospital	None	409,208
Relief	N	Guatemala	Knights of Malta	None	138,136
Relief	N	Paraguay	National Psychiatric Institute	None	218,614
Relief	N	Guyana	Public Hosprtal Georgetown (PHG)	None	899,919
Relief	N	Dom Republic	D R Public Hosprtals	None	899,919
Relief	N	Dom Republic	D. R Public Hosprtals	None	899,919
Relief	N	Dom Republic	D R. Public Hosprtals	None	899,919
Relief	N	Guatemala	Guatemala Public Hosprtals	None	899,919
Relief	N	Dom Republic	D R Public Hosprtals	None	899,919

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<u>Class</u>	<u>Cash</u>	<u>Country</u>	<u>Reciption Hospital / Organization</u>	<u>Relationship</u>	<u>Project Value</u>
Relief	N	Dom Republic	Princess Margaret Hospital	None	880,063
Relief	N	Nicaragua	Nicaragua Public Clinics	None	691,528
Relief	N	Paraguay	Hospital de Clinicas, Hospital Materno Infantil	None	777,852
Relief	N	El Salvador	FUSAL	None	5,748,904
Relief	N	Dominican Rep	Instituto de Oncología	None	2,078,449
Relief	N	Nicaragua	Nicaragua Public Clinics	None	1,442,638
Relief	N	Dom Republic	D R Public Hospitals	None	138,089
Relief	N	Nicaragua	Bertha Calderon Hospital, Hospital Infantil	None	140,514
Relief	N	Jamaica	Kingston Public Hospital, Spanishtown Hospital	None	173,992
Relief	N	Dom Republic	D R Public Hospitals	None	170,212
Relief	N	Dom Republic	D R Public Hospitals	None	121,200
Relief	N	El Salvador	FUSAL	None	160,727
Relief	N	Guyana	Public Hospital Georgetown (PHG)	None	157,890
Relief	N	Dom Republic	D R Public Hospitals	None	185,924
Relief	N	Haiti	Haiti Public Hospitals	None	174,672
Relief	N	Grenada	Grenada General Hospital	None	153,403
Relief	N	Guatemala	Guatemala Public Hospitals	None	146,249
Relief	N	Guatemala	Guatemala Public Hospitals	None	134,070
Relief	N	Uruguay	Instituto Nacional de Oncología	None	791,105
Relief	N	Peru	Instituto de Enfermadades Neoplastica	None	575,730
Relief	N	Dominica	Princess Margaret Hospital	None	115,146
Relief	N	St Vincent	Kingstown General Hospital, Maryfield Hospital	None	368,467
Relief	N	Dom Republic	D R Public Hospitals	None	253,321
Relief	N	Dom Republic	D R Public Hospitals	None	253,321
Relief	N	Dom Republic	D R. Public Hospitals	None	253,321
Relief	N	Dom. Republic	D R Public Hospitals	None	253,321
Relief	N	Guatemala-Malta	Guatemala public Hosptals	None	276,350
Relief	N	Guyana	Public Hospital Georgetown (PHG)	None	253,321
Relief	N	Haiti	Haiti Public Hospitals	None	253,321
Relief	N	Honduras-Malta	Hondurs Public Hospitals	None	253,321
Relief	N	Paraguay	DIBEN	None	110,500
Relief	N	Dom. Republic	Instituto Oncologico Regional del Cibao, Instituto de Oncologí.	None	110,336
Relief	N	Honduras	Hospital Escuela	None	160,775
Relief	N	Indonesia	National Cancer Center, Jakarta	None	80,388

Total

\$ 88,069,142

US 990**Other Functional Expenses: Page 2, Line 43****2004**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Data Processing	180,097.	15,034.	89,891.	75,172.
Mailing Consultants	311,489.	97,649.	10,023.	203,817.
Programming Consulta	179,568.	122,392.	27,176.	30,000.
List Rentals	190,682.	20,072.		170,610.
Mail House Fees	39,273.	4,873.	10,036.	24,364.
Caging	65,750.	6,579.	3,249.	55,922.
Complete Mail Packag	349,947.	54,735.	3,290.	291,922.
Mail Premiums	18,555.	33.	18,245.	277.
Bank Charges	29,648.		29,648.	
Registrations	15,856.		15,856.	
PSAs	44,236.	44,236.		
Insurance	9,155.		9,155.	
Public Relations	26,301.		26,301.	
Advertising	12,644.		12,644.	
	1,473,201.	365,603.	255,514.	852,084.

National Cancer Coalition, Inc.

Supplement to Page 2, Part III, What is organization's primary purpose:

The National Cancer Coalition (NCC) is a 501 (c) (3) organization dedicated to reducing the suffering of cancer patients and their families by meeting their unfulfilled needs. NCC provides medical and financial relief, research and educational programs throughout the world in an effort to improve the cancer patient's quality of life. Through a network of strategic alliances and partnerships, NCC's signature relief and research programs improve the quality of life of cancer patients around the world – physically, emotionally and financially. NCC also works to reduce the incidence of cancer by distributing cancer education and prevention information, thereby empowering individuals to make better choices regarding health and wellness.

US 990
Mortgages and Other Notes Payable as of Year End
990: Page 3, Line 64b; 990-PF: Page 2, Line 21
2004

Lender's Name and Title and Relationship to Any Officer, Director, or Other Disqualified Person	Repayment Terms, Interest Rate, Security Provided, Loan Purpose, Description and FMV of the consideration	Original Amount of Note	Balance Due	Date of Note	Maturity Date
Gulf Coast Bank	LOC, Securities	170,000.	170,000.	09/15/2005	09/15/2006
		170,000.	170,000.		

National Cancer Coalition, Inc.
Depreciation Schedule

Date Aquired	Description	Cost	Opening AD	Deprecition	Closing Acc Dep
Prior 2002	Fully Depreciated Assets	33,700.50	SL	Vario	33,700.50
12/4/02	Networking Set Up	13,422.16	SL	10	1,342.22
12/4/02	Quickbooks	330.00	SL	3	110.00
2/19/03	Desk & Chairs	5,745.20	SL	5	1,149.04
7/8/03	Credit Card Processor	500.14		3	166.71
		<u>53,698.00</u>	<u>36,633.00</u>	<u>2,767.97</u>	<u>39,400.97</u>
2004 - 2005					
10/31/04	17" Apple Laptop & Software	4,056.30	SL	3	676.05
12/13/04	Treo 650	639.98	SL	3	106.66
6/10/05	17" Apple Laptop & Software	3,996.47	SL	3	666.08
3/18/05	12" Apple (Travel)	2,087.86	SL	3	347.98
8/19/05	12" Apple (NG)	2,204.20	SL	3	367.37
11/7/05	Monitor	680.11	SL	3	113.35
		<u>13,664.92</u>	<u>0.00</u>	<u>2,277.49</u>	<u>2,277.49</u>
		<u><u>67,362.92</u></u>	<u><u>36,633.00</u></u>	<u><u>5,045.46</u></u>	<u><u>41,678.45</u></u>